

NEW HAMPSHIRE CHECKLIST FOR GROUP HEALTH FORMS

Company Name _____

Additional Company Names for Multiple Company Filing (Only if using exact same form)

Where Referenced Form/Page/Paragraph	Statute	Title	Summary
N/A Why No Yes / /	415:18 I.(e)	Non-renewal	A provision stating the conditions under which the insurer may decline to renew the policy.
N/A Why No Yes / /	415:18 I.(i)	Proof of Loss	Written proof of such loss must be furnished to the insurer within one year after the date of such loss in the case of a group Medicare supplement insurance policy or certificate and within 90 days after the date of such loss in the case of any other group accident and health insurance policy or certificate. Failure to furnish such proof within such time shall not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such proof and that such proof was furnished as soon as was reasonably possible.
N/A Why No Yes / /	415:18 I.(p)	Grace Period	A provision that the policyholder is entitled to a grace period of 31 days for the payment of any premium due except the first.
N/A Why No Yes / /	415:18 I.(q)	Part-time Employees	A provision that the insurer shall not exclude part-time employees. A part-time employee shall be any employee who regularly works a minimum of at least 15 hours per week.
N/A Why No Yes / /	415:18 I.(r)	Contestability	A provision that the validity of the policy shall not be contested except for nonpayment of premiums, after it has been in force for 2 years from its date of issue; and that no statement made by a person shall be used in contesting the validity of the insurance, unless it is contained in a written instrument signed by the person making such statement.

N/A Why No Yes / /	415:18 I.(s)	Maternity	A provision that a maternity benefits rider will be made available at the insured's request, if maternity care is not covered under the policy.
N/A Why No Yes / /	415:18 I.(t)(1)	Equitably Entitled To	If any indemnity of this policy or certificate shall be payable to the estate of the insured, or to an insured or beneficiary who is a minor or otherwise not competent to give a valid release, the insurer may pay such indemnity, up to an amount not exceeding \$ ____ (insert an amount which shall not exceed \$1,000), to any relative by blood or connection by marriage of the insured or beneficiary who is deemed by the insurer to be equitably entitled thereto.
N/A Why No Yes / /	415:18 V	Disabled Dependent	The coverage of any dependent who is mentally or physically incapable of earning his own living on the date as of which such dependent's status as a covered family member would otherwise expire because of age, shall continue under such policy while such policy remains in force.
N/A Why No Yes / /	415:18 VII (a)	Conversion	If a policy provides hospital or surgical expense insurance or major medical expense insurance, the policy and any certificate issued under such policy to a New Hampshire resident shall contain a provision to the effect that in case of termination for any reason whatever of coverage, if he has been insured under the group policy for at least 60 days, shall be entitled to have issued to him by the insurer without evidence of insurability, an individual policy of insurance, hereinafter referred to as the converted policy.
N/A Why No Yes / /	415:18 VII.(g)(1)	Continuation	Whenever any individual who is a member of any group hospital, surgical, medical insurance plan, dental insurance plan, or health maintenance organization becomes ineligible for continued participation in such plan for any reason including death, except dismissal for gross misconduct, the benefits of such plan shall be available at the same group rate to the individual, the surviving spouse and the dependents covered by the group plan, for an extension period of, 18 months; or 29 months, except when the widow, widower, divorced spouse, or legally separated spouse of a covered employee is 55 years of age or older, 36 months. When the surviving spouse, divorced spouse, or legally separated spouse of a covered employee is 55 years of age or older, then the extension period shall continue until the surviving spouse, divorced spouse, or legally separated spouse becomes eligible for participation in another employer-based group plan or becomes eligible for medicare.
N/A Why No Yes / /	415:18 VII (g)(4)	Policy Terminates	Whenever any group hospital, surgical, medical insurance plan, or health maintenance organization coverage terminates for any reason, the benefits of such plan shall be available at the same group rate to the individual, the surviving spouse, and the dependents covered by the group plan, for an extension period of 39 weeks. If a person or member becomes entitled to the 39-week extension period under this subparagraph the insurance company shall notify such person or member of the option to elect continuation of coverage and the conditions applicable to such coverage.
N/A Why No Yes / /	415:18 XII (c)	Annual Open Enrollment	Once a group or blanket policy has been issued, the insurer shall provide the group with an annual open enrollment period for late enrollees. During the open enrollment period, any late enrollee shall be permitted to enroll without submitting any evidence of insurability based on medical conditions.
N/A Why No Yes / /	415:18-a I.	Mental Illness	Each insurer that issues or renews any policy of group or blanket accident or health insurance providing benefits for medical or hospital expenses, shall provide coverage for expenses arising from the treatment of mental illnesses and emotional disorders .

N/A Why No Yes / /	415:18-a II.	Mental Illness	In the case of policies or certificates providing benefits for hospital expenses on other than a major medical basis, benefits shall be at least as favorable as benefits provided for any other illness.
N/A Why No Yes / /	415:18-a IV.	Mental Illness	In the case of policies or certificates providing benefits for hospital and medical expenses on a major medical basis, benefits shall be subject to deductibles and coinsurance at least as favorable as those which apply to the benefits for any other illness, provided that benefits payable for expenses incurred in any consecutive 12-month period may be limited to an amount not less than \$3,000 per covered individual, and to a lifetime maximum of not less than \$10,000 per covered individual.
N/A Why No Yes / /	415:18-b	Cancellation or Nonrenewal	The notice of cancellation or nonrenewal or offer of renewal shall be delivered to the group policyholder or mailed to the group policyholder at least 45 days prior to the renewal date of the contract.
N/A Why No Yes / /	415:18-c	Breast Cancer Treatment; Bone Marrow Transplants	Each insurer that issues or renews any policy of group or blanket accident or health insurance providing benefits for medical or hospital expenses, shall provide coverage for expenses arising from the treatment of breast cancer by autologous bone marrow transplants according to protocols reviewed and approved by the National Cancer Institute.
N/A Why No Yes / /	415:18-d I.	Scalp Hair Prostheses	Each insurer that issues or renews any policy of group or blanket accident or health insurance providing benefits for medical or hospital expenses shall provide coverage for expenses for scalp hair prostheses worn for hair loss suffered as a result of alopecia areata, alopecia totalis, alopecia medicamentosa resulting from the treatment from any form of cancer or leukemia or permanent loss of scalp hair due to injury.
N/A Why No Yes / /	415:18-e I.	Nonprescription Enteral Formulas	Each insurer that issues or renews any policy of group or blanket accident or health insurance providing benefits for medical or hospital expenses, shall provide coverage for the provision of nonprescription enteral formulas for the treatment of impaired absorption of nutrients caused by disorders affecting the absorptive surface, functional length, or motility of the gastrointestinal tract.
N/A Why No Yes / /	415:18-f	Diabetes Treatment	Each insurer that issues or renews any policy, plan or contract of group or blanket accident or health insurance providing benefits for medical or hospital expenses, shall provide coverage for medically appropriate and necessary outpatient self-management training and educational services, medically appropriate or necessary insulin, oral agents and equipment used to treat diabetes, medically appropriate or necessary equipment used to treat diabetes.
N/A Why No Yes / /	415:18-g I.	Medical or Hospital Dental Procedures	Each insurer that issues or renews any policy of group or blanket accident or health insurance providing benefits for medical or hospital expenses, shall provide coverage for the medically necessary hospital or surgical day care facility charges and administration of general for dental procedures performed on a covered person who (a) Is a child under the age of 4 or (b) Is a person who has exceptional medical circumstances or a developmental disability which place the person at serious risk.

N/A Why No Yes / /	415:18-h I.	Dental Offices Dental Procedures	Each dental insurer or other similar entity that issues or renews any policy of group insurance providing benefits for oral surgical procedures, shall provide coverage for the administration of general anesthesia administered by a licensed dentist for dental procedures performed in a dentist's office on a covered person who: (a) Is a child under the age of 4 (b) Is a person who has exceptional medical circumstances or a developmental disability which place the person at serious risk.
N/A Why No Yes / /	415:18-i	Coverage for Outpatient Contraceptive	Each insurer that issues or renews any group or blanket policy of accident or health insurance providing benefits for medical or hospital expenses, which provides coverage for outpatient services shall provide coverage for outpatient contraceptive services under the same terms and conditions as for other outpatient services.
N/A Why No Yes / /	415:18-j I.	Off-Label Prescription Drug	No insurer that issues or renews any policy of group or blanket accident or health insurance providing benefits for medical or hospital expenses and providing coverage for prescription drugs shall exclude coverage for any such drug for a particular indication on the ground that the drug has not been approved by the Food and Drug Administration (FDA) for that indication, if such drug is recognized for treatment of such indication in one of the standard reference compendia or in the medical literature as recommended by current American Medical Association (AMA) policies.
N/A Why No Yes / /	415:18-k I.	Claims Payment Time Limits	Each insurer that issues or renews any policy of group or blanket accident or health insurance providing benefits for medical or hospital expenses for its insured persons shall pay for services rendered by New Hampshire health care providers within 45 calendar days upon receipt of a clean written claim or 15 calendar days upon receipt of a clean electronic claim.
N/A Why No Yes / /	415:18-l II.	Coverage for Clinical Trials	A policy, plan, or contract subject to this section shall provide coverage for all medically necessary routine patient care costs incurred as a result of a treatment being provided in accordance with a clinical trial to the extent such costs would be covered for noninvestigational treatments if the treatment is being provided or the studies are being conducted in a phase I, phase II, phase III, or phase IV clinical trial for cancer or the treatment is being provided for any other life-threatening condition.
N/A Why No Yes / /	415-D: I.	Mammography	Any policy of accident and health insurance providing benefits for hospital expense, medical-surgical expense, or major medical expense shall provide: (a) a baseline mammogram for women 35 to 39 years of age. (b) a mammogram every 1 to 2 years, even if no symptoms are present, for women 40 to 49 years of age. (c) an annual mammogram for women 50 years of age or older.
N/A Why No Yes / /	417-E III.	Biologically- Based Mental Illnesses	The following mental illnesses, shall be covered when benefits provided by RSA 415:18-a are exhausted. (a) Schizophrenia, (b) Schizoaffective disorder, (c) Major depressive disorder, (d) Bipolar disorder, (e) Paranoia and other psychotic disorders, (f) Obsessive-compulsive disorder, (g) Panic disorder, (h) Pervasive developmental disorder or autism.
N/A Why No Yes / /	415:22 I.	Newborn Children	All group health insurance policies providing coverage on an expense incurred basis shall provide that the health insurance benefits applicable for children are payable with respect to a newly born child of the insured or subscriber or a newly born child of a dependent child of the insured or subscriber from the moment of birth.
N/A Why No Yes / /	415:22-a	Adopted Children	All group health insurance policies which provide coverage for a family member of the insured shall also provide that health insurance benefits applicable for children are payable with respect to any minor from the date such minor is placed in the custody of the insured pursuant to an adoption proceeding

